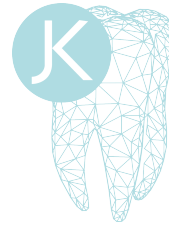


Medical History



PRAXIS
Dr. med. dent. Kreller
Dr. med. dent. Joos

Dear Patient,
welcome to our dental practice!

Please fill out this medical history sheet so that we can treat you as you wish and in accordance with your state of health. We hope you understand that we will update this questionnaire regularly. This is in our common interest. Of course, your information is strictly subject to medical confidentiality according to §203 STGB and your personal data will be treated in accordance with the requirements of federal data protection.

If you are not sure, please do not hesitate to contact us.

Personal Data

Name	Job
Surname	Birthday
Address	Phone Number
Postcode/ Town	E-Mail

How did you hear about us?

- Friends / acquaintances / relatives
- Internet: Google, Facebook

Who? _____

- Jameda
- Doctolib

Are you afraid of going to the dentist?

- No, not at all
- I am a little nervous
- I am very nervous
- I am very scared



Your insurance status:

Statutory health insurance

Private health insurance

Name: _____

I hereby confirm that I am not insured under the basic, standard or student tariff of: private health insurance.

General medical history

(Please check where applicable ☒)

Name & address of your Doctor:

Are you currently under medical treatment?

No

Yes

If yes, which doctor?

Infectious diseases:

HIV/ AIDS

No

Yes

Hepatitis A, B, C

No

Yes

Tuberkulose

No

Yes

Allergies / intolerances (latex, dyes, etc.):



Do you have ... if so, what medication do you take ?:

- **Heart - circulatory disorders or diseases** No Yes
Medication: _____
- **Blood coagulation disorders (e.g. aspirin, marcumar)** No Yes
Medication: _____
- **Respiratory diseases (e.g. bronchial / allergic asthma, COPD)** No Yes
Medication: _____
- **Osteoporosis (bisphosphonates as tablets or half-yearly injection)** No Yes
Medication: _____
- **Diabetes Mellitus I/ II** No Yes
Medication: _____
- **Thyroid Disease** No Yes
Medication: _____
- **Rheumatism** No Yes
Medication: _____
- **Epilepsy** No Yes
Medication: _____
- **Renal Dysfunction** No Yes
Medication: _____
- **Tumor Diseases** No Yes
Medication: _____
- **Fainting Tendency** No Yes
Medication: _____
- **Other Diseases** No Yes

General Information:

- **Do you smoke?** No Yes
If yes, how many cigarettes / daily: _____
- **Are you pregnant?** No Yes
If yes, which month: _____



Dental medical history

(Please check where applicable ☒)

Have you had any unusual reactions to a dental syringe?

- No Yes

Do you have problems with your gums (bleeding, falling, burning)?

- No Yes

Do you observe tooth loosening?

- No Yes

Do you have hypersensitive teeth (e.g. cold or sweet)?

- No Yes

Do food remnants bite between your teeth?

- No Yes

Do you often have bad taste in your mouth or bad breath?

- No Yes

Have you had periodontitis treatment in the past?

- No Yes

Have you had an accident with injuries to the head or neck?

- No Yes

Do you have pain or problems opening your mouth or chewing?

- No Yes

Are you gritting your teeth or pressing hard on each other?

- No Yes

Rub, crack or pinch the jaw joints during movements?

- No Yes

Have your teeth been X-rayed within the past year?

- No Yes



Are you satisfied with the aesthetics of your teeth?

Yes No

Would you like to change the aesthetics of your teeth?

Yes No

If yes, what? _____

Should we remind you of your regular checkups and the dates for your professional teeth cleaning?

Yes No

With my signature I confirm that I have answered all information according to my current level of knowledge.



Date

Signature of Patient

Signature of Doctor

If you have to cancel an appointment, we are happy to give it to other patients who are urgently waiting. However, this is only possible if you let us know in time by **phone, e-mail or via Doctolib**, this means **24 hours** before your appointment.

We therefore kindly point out that we will notify you in the event of non-cancellation or late cancellation. §§ 304, 683 BGB a reimbursement of expenses up to **85 €/ half a hour** plus postage can be charged.

This claim for reimbursement of additional expenses is incurred regardless of the circumstances of the failure. It is not a claim for damages, but a claim for reimbursement of costs. In this case, we would like to agree with you a customary, proven and already legally confirmed regulation, since an appointment with a time commitment corresponds to a mutual contractual agreement. The declaration of consent is part of this agreement.

Thank you for your understanding.

I agree to the above agreements with my signature.



Signature of Patient